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| Chapter you are filing under: |                                       |   |
|-------------------------------|---------------------------------------|---|
| ☐ Chapter 7                   |                                       |   |
| ☐ Chapter 11                  |                                       |   |
| ☐ Chapter 12                  |                                       |   |
| ■ Chapter 13                  |                                       | neck if this an<br>nended filing                        |
|                               | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ■ Chapter 13 ☐ Ch |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: |                    | Identify Yourself  |  |   |
|---------|--------------------|--|--|---|
|         |                    |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.      | You                | r full name  |  |   |
|         | your               | ite the name that is on<br>ur government-issued<br>ture identification (for                            | Tracie First name                              | First name                                    |
|         |                    | mple, your driver's use or passport).  | Middle name                                    | Middle name                                   |
|         | iden               | g your picture<br>tification to your<br>ting with the trustee.   | Beard Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.      |                    | other names you have<br>d in the last 8 years  |  |   |
|         |                    | de your married or<br>den names.   |  |   |
| 3.      | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-1184                                    |   |

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Case number (if known) Debtor 1 Tracie Beard

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 6234 S Ida Street<br>Unit 1<br>Chicago, IL 60628  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Cook  | 2  |  |  |  |
|  |   | County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| ò.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
| bankruptcy   |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Document Page 3 of 59 Case number (if known) Debtor 1 **Tracie Beard** Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the Yes. last 8 years? **Northern District of** 10/05/17 17-29858 When District Illinois Case number **Northern District of** 4/19/11 11-16673 District When Case number Illinois When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Do you rent your Go to line 12. No. residence?

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

☐ Yes.

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Document Page 4 of 59 Case number (if known) Debtor 1 Tracie Beard Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Tracie Beard Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | Tracle Beard  |  |  | Case num   | Dei (ii known)  |  |  |  |  |
|-----|---|--|--|--|---|--|--|--|--|
| Par | t 6: Answer These Quest   | ions for R   | eporting Purposes  |  |   |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.   |  | consumer debts? Consumer debts are dersonal, family, or household purpose."            | efined in 11 U.S.C. § 101(8) as "incurred by an   |  |  |  |  |
|     |   |  | ☐ No. Go to line 16b.  |  |   |  |  |  |  |
|     |   |  | Yes. Go to line 17.  |  |   |  |  |  |  |
|     |   | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |  |  |
|     |   |  | ☐ No. Go to line 16c.  |  |   |  |  |  |  |
|     |   |  | ☐ Yes. Go to line 17.  |  |   |  |  |  |  |
|     |   | 16c.   | State the type of debts you  | owe that are not consumer debts or busing  | ess debts   |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | ■ No.  | I am not filing under Chapte   | er 7. Go to line 18.   |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          | ☐ Yes.   |  | . Do you estimate that after any exempt pravailable to distribute to unsecured credito | operty is excluded and administrative expenses rs?  |  |  |  |  |
|     | administrative expenses   |  | □ No   |  |   |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | ☐ Yes  |  |   |  |  |  |  |
| 18. | How many Creditors do   | <b>■</b> 1-49  |  | □ 1,000-5,000  | □ 25,001-50,000   |  |  |  |  |
|     | you estimate that you owe?  | ☐ 50-99  | )  | ☐ 5001-10,000  | ☐ 50,001-100,000  |  |  |  |  |
|     |   | ☐ 100-1  |  | □ 10,001-25,000  | ☐ More than100,000  |  |  |  |  |
|     |   | 200-9  | .99<br>  |  |   |  |  |  |  |
| 19. | How much do you   | <b>\$0 - \$</b>  | 550,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | estimate your assets to be worth?   |  | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                        | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                       |  |  |  |  |
|     |   |  | ,001 - \$500,000<br>,001 - \$1 million   | □ \$100,000,001 - \$100 million  | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |  |
| 20. | How much do you   | <b>\$</b> 0 - \$   | \$50,000   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | estimate your liabilities to be?  |  | 001 - \$100,000  | □ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion  |  |  |  |  |
|     |   | _  | ,001 - \$500,000   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                      | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |  |
|     |   | <b>□</b> \$500,  | ,001 - \$1 million   | <b>—</b> \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |  |  |  |
| Par | t7: Sign Below  |  |  |  |   |  |  |  |  |
| For | you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |  |  |   |  |  |  |  |
|     |   |  |  | 7, I am aware that I may proceed, if eligiberelief available under each chapter, and I | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.           |  |  |  |  |
|     |   |  |  | d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).    | not an attorney to help me fill out this  |  |  |  |  |
|     |   | I request  | relief in accordance with the  | e chapter of title 11, United States Code, s   | pecified in this petition.  |  |  |  |  |
|     |   | bankrupt<br>and 357  | tcy case can result in fines up<br>1.  | nt, concealing property, or obtaining mone p to \$250,000, or imprisonment for up to 2 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|     |   | /s/ Trac   | ie Beard<br>Beard  | Signature of Deb   | otor 2  |  |  |  |  |
|     |   |  | e of Debtor 1  | Olgitature of Doc  |   |  |  |  |  |
|     |   | Executed   | d on August 29, 2018   | Executed on  |   |  |  |  |  |
|     |   |  | MM / DD / YYYY   |  | MM / DD / YYYY  |  |  |  |  |
|     |   |  |  |  |   |  |  |  |  |

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Debtor 1 Tracie Beard Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Bennie      | W Fernandez            | Date          | August 29, 2018             |
|-----------------|------------------------|---------------|-----------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY              |
|                 | _                      |               |                             |
| Bennie W        | Fernandez              |               |                             |
| Printed name    |                        |               |                             |
| Fernandez       | z & Gray               |               |                             |
| Firm name       | -                      |               |                             |
| 108 W. Ma       | dison                  |               |                             |
| 2nd Floor       |                        |               |                             |
| Oak Park,       | IL 60302               |               |                             |
| Number, Street, | City, State & ZIP Code |               |                             |
| Contact phone   | 312-386-1010           | Email address | bennie161@sbcglobal.net     |
| Contact priorie | 312-300-1010           | Email address | belille for @sbcglobal.flet |
| 0795585 IL      | _                      |               |                             |
| Bar number & S  | tate                   |               |                             |

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|                     |                          | Docum             | THE LAUCE OF J | 3 |                       |
|---------------------|--------------------------|-------------------|----------------|---|-----------------------|
| Fill in this infor  | mation to identify your  | case:             |                |   |                       |
| Debtor 1            | Tracie Beard             |                   |                |   |                       |
|                     | First Name               | Middle Name       | Last Name      |   |                       |
| Debtor 2            |                          |                   |                |   |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |   |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |   |                       |
| Case number         |                          |                   |                |   |                       |
| (if known)          |                          |                   |                |   | ☐ Check if this is an |
|                     |                          |                   |                |   | amended filing        |

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as<br>Value o | ssets<br>of what you own |
|-----|--|--------------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 3,150.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 3,150.00                 |
| Par | t 2: Summarize Your Liabilities  |                    |                          |
|     |  |                    | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 0.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 37,459.00                |
|     | Your total liabilities   | \$                 | 37,459.00                |
| Par | t 3: Summarize Your Income and Expenses  |                    |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 2,235.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 2,132.00                 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |                    |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch       | nedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |                    |                          |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,535.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m         |
|--|------------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |            |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$         | 12,505.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 12,505.00 |

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|------------------------------------|--|-----------------|-----------------------------|---|-------------|---------------------|---|
| Fill in this informa               | ntion to identify you                          | ır case and     |                             |   |             |                     |   |
| Debtor 1                           | Tracie Beard                                   |                 |                             |   |             |                     |   |
| Debtor 2                           | First Name                                     | Mid             | ldle Name                   | Last Name   |             |                     |   |
| (Spouse, if filing)                | First Name                                     | Mid             | ldle Name                   | Last Name   |             |                     |   |
| United States Bank                 | ruptcy Court for the:                          | NORTHE          | ERN DISTRICT OF ILLI        | NOIS  |             |                     |   |
| Case number                        |  |                 |                             | _   |             |                     | Check if this is an amended filing                                  |
| Official Ford<br>Schedule          | A/B: Pro                                       |                 | st an asset only once. If a | an asset fits in more than one category, li   | st the asse | t in the            | 12/15   |
| think it fits best. Be             | as complete and accu<br>space is needed, attac | rate as poss    | ible. If two married people | e are filing together, both are equally resp<br>e top of any additional pages, write your | onsible for | r supply            | ring correct  |
| Part 1: Describe Ea                | ıch Residence, Buildi                          | ng, Land, or    | Other Real Estate You Ow    | n or Have an Interest In  |             |                     |   |
| 1. Do you own or have              | ve any legal or equital                        | ble interest ir | n any residence, building,  | land, or similar property?  |             |                     |   |
| ■ No. Go to Part 2                 |  |                 |                             |   |             |                     |   |
| ☐ Yes. Where is t                  | ne property?                                   |                 |                             |   |             |                     |   |
| Part 2: Describe Yo                | our Vehicles                                   |                 |                             |   |             |                     |   |
|                                    |  |                 |                             |   |             |                     |   |
|                                    |  |                 |                             | whether they are registered or not? I<br>xecutory Contracts and Unexpired Lead            |             | y vehicl            | es you own that   |
| 3. Cars, vans, truc                | ks, tractors, sport                            | utility vehic   | les, motorcycles            |   |             |                     |   |
| ■ No                               |  |                 |                             |   |             |                     |   |
| ☐ Yes                              |  |                 |                             |   |             |                     |   |
|                                    |  |                 |                             | cles, other vehicles, and accessories ownobiles, motorcycle accessories                   | 3           |                     |   |
| ■ No                               |  |                 |                             |   |             |                     |   |
| ☐ Yes                              |  |                 |                             |   |             |                     |   |
|                                    |  |                 |                             |   | _           |                     |   |
|                                    |  |                 |                             | om Part 2, including any entries for  | =>          |                     | \$0.00  |
| Part 3: Describe Yo                | our Personal and Hou                           | sehold Items    | <b>S</b>                    |   |             |                     |   |
|                                    |  |                 | est in any of the follow    | ing items?  |             | <b>port</b><br>Do r | rent value of the ion you own? not deduct secured as or exemptions. |
| 6. Household goo<br>Examples: Majo | ds and furnishings<br>r appliances, furnitu    |                 | nina, kitchenware           |   |             |                     | ·   |

Yes. Describe.....

Misc Household Furnishings

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

\$2,500.00

Document Page 11 of 59 Case number (if known) Debtor 1 **Tracie Beard** 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$150.00 Used Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,650.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes.....

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Case number (if known) Document

Debtor 1 **Tracie Beard** 

|    |   | 17.1.     | Checking                | Bank of America   | \$450.00                               |
|----|---|-----------|-------------------------|---|--|
| 18 | Bonds, mutual funds, or Examples: Bond funds, ir                                  |           |                         | okerage firms, money market accounts  |  |
|    | ■ No □ Yes  |           | Institution or issuer   | name:   |  |
| 19 | Non-publicly traded stoo joint venture  | ck and    | interests in incorpo    | orated and unincorporated businesses, including a   | n interest in an LLC, partnership, and |
|    | ■ No  |           |                         |   |  |
|    | ☐ Yes. Give specific infor  |           | about themne of entity: | % of ownersh  | nip:                                   |
| 20 | Negotiable instruments in   | nclude p  | personal checks, cas    | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |  |
|    | <ul><li>No</li><li>☐ Yes. Give specific inforr</li></ul>                          | motion    | about them              |   |  |
|    | Tes. Give specific inform   |           | uer name:               |   |  |
|    |   | 100       | aci name.               |   |  |
| 21 | Retirement or pension a  Examples: Interests in IR  ■ No                          |           |                         | 103(b), thrift savings accounts, or other pension or profit   | t-sharing plans                        |
|    | ☐ Yes. List each account  |           | ely.<br>of account:     | Institution name:   |  |
| 22 |   | deposi    | s you have made so      | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications                           | s companies, or others                 |
|    | ■ No  |           |                         |   |  |
|    | ☐ Yes   |           |                         | Institution name or individual:   |  |
| 23 | Annuities (A contract for   | a perio   | dic payment of mone     | ey to you, either for life or for a number of years)  |  |
|    |   | ier nam   | e and description.      |   |  |
| 24 | . Interests in an education<br>26 U.S.C. §§ 530(b)(1), 52                         |           |                         | ualified ABLE program, or under a qualified state tu  | iition program.                        |
|    | ■ No  |           |                         |   |  |
|    | ☐ YesInsti  | itution i | name and description    | n. Separately file the records of any interests.11 U.S.C.   | § 521(c):                              |
| 25 | Trusts, equitable or futu ■ No  | re inte   | rests in property (o    | other than anything listed in line 1), and rights or por  | wers exercisable for your benefit      |
|    | ☐ Yes. Give specific infor  | mation    | about them              |   |  |
| 26 |   |           |                         | nd other intellectual property<br>eds from royalties and licensing agreements   |  |
|    | ☐ Yes. Give specific infor  | mation    | about them              |   |  |
| 27 | <ul><li>Licenses, franchises, an<br/>Examples: Building perm</li><li>No</li></ul> |           |                         | es<br>perative association holdings, liquor licenses, profession  | nal licenses                           |
|    | ☐ Yes. Give specific infor  | mation    | about them              |   |  |
| M  | oney or property owed to  | you?      |                         |   | Current value of the                   |

Official Form 106A/B Schedule A/B: Property page 3

Do not deduct secured claims or exemptions.

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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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\$500.00

\$0.00

\$0.00

\$0.00

Copy personal property total

\$3,150.00

62. Total personal property. Add lines 56 through 61...63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 4: Total financial assets, line 36

59.

60.

61.

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

\$3,150.00

\$3,150.00

|   | Cas   | se 16-24451 L  | Document   | _                                      | Page 15 of 59  | 3.06 Desc Main  |
|---|---|--|--|--|--|---|
| Fil   | I in this inform  | ation to identify your o   |  |  | aue 13 01 39   |   |
| De  | ebtor 1   | Tracie Beard   |  |  |  |   |
|   |   | First Name   | Middle Name  | L                                      | ast Name   |   |
|   | ebtor 2<br>ouse if, filing)   | First Name   | Middle Name  | L                                      | ast Name   |   |
| Ur  | nited States Ban  | kruptcy Court for the:   | NORTHERN DISTRICT OF   | ILLIN                                  | OIS  |   |
| C-  |   |  |  |  |  |   |
|   | ase number<br>(nown)  |  |  |  |  | ☐ Check if this is an amended filing  |
| $\bigcirc$  | fficial For   | m 106C   |  |  |  |   |
|   |   |  | oporty Vou Cla   | im                                     | as Evampt  | 4/40  |
| <u> </u>  | Criedule  | C. THE PIC   | pperty You Cla   |  | as Exempt  | 4/16  |
| nee<br>cas<br>For<br>spe<br>any<br>fun<br>exe<br>to t | eded, fill out and se number (if known each item of pecific dollar am applicable stands—may be un emption to a pathe applicable stands—may be un emption to a pathe applicable stands—may be un each each each each each each each each | attach to this page as nown).  property you claim as equivalent of the count as exempt. Altern tutory limit. Some exentimited in dollar amount statutory amount. | exempt, you must specify the<br>natively, you may claim the f<br>emptions—such as those for<br>int. However, if you claim an<br>and the value of the propert | e amo<br>full fai<br>healt<br>exen     | ount of the exemption you claim.<br>ir market value of the property be<br>th aids, rights to receive certain b<br>nption of 100% of fair market valu | additional pages, write your name and  One way of doing so is to state a  ing exempted up to the amount of  penefits, and tax-exempt retirement |
| Pa  | rt 1: Identify  | the Property You Clai  | im as Exempt   |  |  |   |
| 1.  | Which set of  | exemptions are you cla   | aiming? Check one only, even   | n if yo                                | our spouse is filing with you.   |   |
|   | You are cla   | iming state and federal  | nonbankruptcy exemptions.  | 11 U.S                                 | S.C. § 522(b)(3)   |   |
|   | ☐ You are cla   | iming federal exemption  | ns. 11 U.S.C. § 522(b)(2)  |  |  |   |
| 2.  | For any prope   | erty you list on <i>Schedu</i>   | ule A/B that you claim as exe  | empt,                                  | fill in the information below.   |   |
|   |   | on of the property and line<br>hat lists this property   | e on Current value of the portion you own  | Amo                                    | ount of the exemption you claim  | Specific laws that allow exemption  |
|   |   |  | Copy the value from Schedule A/B   | Check only one box for each exemption. |  |   |
|   |   | hold Furnishings   | \$2,500.00   |  | \$2,500.00   | 735 ILCS 5/12-1001(b)   |
|   | Line from Scho  | edule A/B: <b>6.1</b>  |  |  | 100% of fair market value, up to any applicable statutory limit  |   |
|   | Used Wearii   |  | \$150.00   |  | \$150.00   | 735 ILCS 5/12-1001(a)   |
|   | Line from Scho  | edule A/B: <b>11.1</b>   |  |  | 100% of fair market value, up to any applicable statutory limit  |   |
|   | Cash  |  | \$50.00  |  | \$50.00  | 735 ILCS 5/12-1001(b)   |
|   | Line from Scho  | edule A/B: <b>16.1</b>   |  |  | 100% of fair market value, up to   |   |
|   |   |  |  |  | any applicable statutory limit   |   |
|   |   | Bank of America<br>edule A/B: 17.1   | \$450.00   |  | \$450.00   | 735 ILCS 5/12-1001(b)   |
|   | LING HOITI GUI  | oddio AVD. 1111  |  |  | 100% of fair market value, up to any applicable statutory limit  |   |
| 3.  |   |  | mption of more than \$160,37:<br>d every 3 years after that for ca   | 5?                                     |  | nt.)  |

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Official Form 106C

Yes Case 18-24451 Doc 1 Filed 08/29/18 Entered 08/29/18 17:33:08 Desc Main Document Page 16 of 59

Debtor 1 Tracie Beard Case number (if known)

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|                     |                          | Doddine           | 1 446 17 01 03 |  |
|---------------------|--------------------------|-------------------|----------------|--|
| Fill in this infor  | rmation to identify your | case:             |                |  |
| Debtor 1            | Tracie Beard             |                   |                |  |
|                     | First Name               | Middle Name       | Last Name      |  |
| Debtor 2            |                          |                   |                |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |  |
| Case number         |                          |                   |                |  |
| (if known)          |                          |                   |                |  |
|                     |                          |                   |                |  |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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|  | Case 10-24431 Do   | Document   | Page 18                       | R of 59  | o Desciviali             | 1                       |
|--|--|--|-------------------------------|--|--------------------------|-------------------------|
| Fill in                                  | this information to identify your cas  |  | 400 10                        | 7 01 03  |                          |                         |
| Debto                                    | Tracie Beard   |  |                               |  |                          |                         |
| D 0 0 10 1                               | First Name   | Middle Name  | Last Name                     |  |                          |                         |
| Debto                                    |  |  |                               |  |                          |                         |
| (Spouse                                  | if, filing) First Name   | Middle Name  | Last Name                     |  |                          |                         |
| United                                   | States Bankruptcy Court for the:   | IORTHERN DISTRICT OF ILLIN   | NOIS                          |  |                          |                         |
| Case r                                   | number   |  |                               |  |                          |                         |
| (if knowr                                | n)   |  |                               |  | ☐ Check if th            | is is an                |
|  |  |  |                               |  | amended f                | iling                   |
| Offic                                    | ial Form 106E/F  |  |                               |  |                          |                         |
| Sche                                     | edule E/F: Creditors Wh  | o Have Unsecured C   | laims                         |  | 1                        | 12/15                   |
| Schedu<br>Schedu<br>eft. Atta<br>name ai | cutory contracts or unexpired leases that le G: Executory Contracts and Unexpired le D: Creditors Who Have Claims Secure ach the Continuation Page to this page. Indicase number (if known). | d Leases (Official Form 106G). Do<br>d by Property. If more space is ne<br>f you have no information to repo | not include a<br>eded, copy t | any creditors with partially sec<br>he Part you need, fill it out, nur | ured claims that are li  | sted in<br>boxes on the |
| Part 1                                   | List All of Your PRIORITY Unse<br>any creditors have priority unsecured c  |  |                               |  |                          |                         |
| _  | , ,  | aims against you?  |                               |  |                          |                         |
|  | No. Go to Part 2.  |  |                               |  |                          |                         |
| □<br>Part 2                              | Yes.   | Incomined Claims   |                               |  |                          |                         |
|  |  |  |                               |  |                          |                         |
| _  | any creditors have nonpriority unsecure  |  |                               |  |                          |                         |
|  | No. You have nothing to report in this part.   | Submit this form to the court with yo  | ur otner scne                 | aules.   |                          |                         |
|  | Yes.   |  |                               |  |                          |                         |
| uns<br>tha                               | st all of your nonpriority unsecured claim<br>secured claim, list the creditor separately fo<br>in one creditor holds a particular claim, list t<br>rt 2.                                    | r each claim. For each claim listed, id  | dentify what ty               | pe of claim it is. Do not list claim                                   | s already included in Pa | art 1. If more          |
|  |  |  |                               |  | Total cla                | ıim                     |
| 4.1                                      | AmeriCredit/GM Financial   | Last 4 digits of accou   | nt number                     | 2443   |                          | \$0.00                  |
|  | Nonpriority Creditor's Name  |  |                               | Opened 00/00 Leet Ac   | tive                     |                         |
|  | Po Box 181145<br>Arlington, TX 76096   | When was the debt in   | curred?                       | Opened 09/08 Last Ac<br>03/13  |                          |                         |
|  | Number Street City State Zlp Code  | As of the date you file  | , the claim is                | s: Check all that apply  |                          |                         |
|  | Who incurred the debt? Check one.  |  |                               |  |                          |                         |
|  | Debtor 1 only  | ☐ Contingent   |                               |  |                          |                         |
|  | Debtor 2 only  | ☐ Unliquidated   |                               |  |                          |                         |
|  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                               |  |                          |                         |
|  | ☐ At least one of the debtors and another  | Type of NONPRIORIT   | Y unsecured                   | l claim:   |                          |                         |
|  | ☐ Check if this claim is for a commu   | Student loans  |                               |  |                          |                         |
|  | debt Is the claim subject to offset?   |  |                               | ration agreement or divorce that                                       | you did not              |                         |
|  |  | report as priority claims  |                               | g plans, and other similar debts                                       |                          |                         |
|  | ■ No   | ·  |                               |  |                          |                         |
|  | ☐ Yes  | Other Specify A  | ıtomobile                     | Gm Financial   |                          |                         |

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Debtor 1 Tracie Beard Case number (if know) 4.2 **Barclays Bank Delaware** Last 4 digits of account number 8604 \$2.610.00 Nonpriority Creditor's Name Attn: Correspondence Opened 10/14 Last Active Po Box 8801 When was the debt incurred? 06/16 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Best Buy/cbna Last 4 digits of account number 9746 \$0.00 Nonpriority Creditor's Name Opened 03/13 Last Active When was the debt incurred? 08/14 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit Card Other. Specify 4.4 **Capital One** Last 4 digits of account number 5167 \$1,305.00 Nonpriority Creditor's Name Opened 10/28/12 Last Active Attn: Bankruptcy Po Box 30285 When was the debt incurred? 09/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Tracie Beard Case number (if know) 4.5 **Capital One** Last 4 digits of account number 4076 \$312.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 7/09/15 Last Active When was the debt incurred? Po Box 30285 08/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Capital One 0076 Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/03 Last Active Po Box 30285 When was the debt incurred? 10/31/07 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 Capital One Na \$0.00 Last 4 digits of account number 4415 Nonpriority Creditor's Name Attn: General Opened 10/14 Last Active Correspondence/Bankruptcy When was the debt incurred? 2/10/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Tracie Beard Case number (if know) 4.8 **Cavalry Portfolio Services** Last 4 digits of account number 9010 Unknown Nonpriority Creditor's Name Attn: Bankruptcy Department Opened 03/17 Last Active When was the debt incurred? 500 Summit Lake Ste 400 09/16 Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection Attorney Synchrony Bank 4.9 Comenity Bank/Metro Last 4 digits of account number 3467 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 02/12 Last Active Po Box 182125 When was the debt incurred? 5/23/13 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 Dept of Ed / 582 / Nelnet 4886 \$6,409.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 4/03/06 Last Active Po Box 82505 When was the debt incurred? 07/18 Lincoln. NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts T Yes ☐ Other. Specify Educational

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Debtor 1 Tracie Beard Case number (if know) 4.1 4786 \$3,897.00 Dept of Ed / 582 / Nelnet Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 6/14/06 Last Active Po Box 82505 When was the debt incurred? 07/18 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Educational** 4.1 Dept of Ed / 582 / Nelnet \$2,199.00 4686 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 6/14/06 Last Active Po Box 82505 When was the debt incurred? 07/18 Lincoln. NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 First Nataional Bank/Legacy 5227 \$1,830.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/12 Last Active Po Box 5097 When was the debt incurred? 05/16 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Tracie Beard Case number (if know) 4.1 8603 \$0.00 First Nataional Bank/Legacy Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 4/18/12 Last Active Attn: Bankruptcy Po Box 5097 When was the debt incurred? 1/31/14 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 First Premier Bank \$172.00 7313 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 04/18 Last Active Attn: Bankruptcy When was the debt incurred? 8/21/18 Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes Lincoln Automotive Financial 4.1 0675 \$12,221.00 Service Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/15 Last Active Po Box 542000 When was the debt incurred? 2/20/17 Omaha, NE 68154 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile ☐ Yes

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Case number (if know)

| Debtor   | 1 Tracie Beard   | ——————————————————————————————————————                        | Case number (if know)                        |               |
|----------|--|---|--|---------------|
| 4.1<br>7 | Midland Funding Nonpriority Creditor's Name                          | Last 4 digits of account number                               | 8355   | \$3,252.00    |
|          | 2365 Northside Dr Ste 300<br>San Diego, CA 92108                     | When was the debt incurred?                                   | Opened 01/17 Last Active 06/16               |               |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |               |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |               |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |               |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |               |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |               |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |               |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |               |
|          | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |               |
|          | ☐ Yes  | ■ Other. Specify Factoring C Bank                             | Company Account Synchrony                    |               |
| 4.1      | Prestige Financial Svc Nonpriority Creditor's Name                   | Last 4 digits of account number                               | 0714   | \$0.00        |
|          | Attn: Bankruptcy<br>351 W Opportunity Way<br>Draper, UT 84020        | When was the debt incurred?                                   | Opened 04/13 Last Active 06/14               |               |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim i                          | s: Check all that apply                      |               |
|          | Who incurred the debt? Check one.                                    | _   |  |               |
|          | Debtor 1 only  | Contingent  |  |               |
|          | Debtor 2 only  | Unliquidated  |  |               |
|          | Debtor 1 and Debtor 2 only   | Disputed  | d alatan                                     |               |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans                | a ciaim:                                     |               |
|          | ☐ Check if this claim is for a community debt                        |   | ration agreement or divorce that you did not |               |
|          | Is the claim subject to offset?                                      | report as priority claims                                     | ration agreement or divorce that you did not |               |
|          | No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |               |
|          | Yes  | Other. Specify Automobile                                     | •  |               |
| 4.1      | 0  |   | 4000   | <b>*</b> 0.00 |
| 9        | Santander Consumer USA  Nonpriority Creditor's Name                  | Last 4 digits of account number                               |  | \$0.00        |
|          | Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161                  | When was the debt incurred?                                   | Opened 03/13 Last Active 5/04/15             |               |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i                          | s: Check all that apply                      |               |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |               |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |               |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |               |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |               |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |               |
|          | debt   |   | ration agreement or divorce that you did not |               |
|          | Is the claim subject to offset?                                      | report as priority claims  Debts to pension or profit-sharin  | a plane, and other cimilar debte             |               |
|          | No   | •   |  |               |
|          | ☐ Yes  | Other. Specify Automobile                                     | •  |               |

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Case number (if know)

| Synchrony Bank  | Last 4 digits of account number                              |   | \$3,252.00 |
|---|--|---|------------|
| Nonpriority Creditor's Name P.O. Box 965064   | When was the debt incurred?                                  |   |            |
| Orlando, FL 32896  Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.   | • ,  |   |            |
| Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt<br>s the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes   | Other. Specify   |   |            |
| Synchrony Bank/Car Care One   | Last 4 digits of account number                              | 0157  | \$0.00     |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060                         | When was the debt incurred?                                  | Opened 1/01/14 Last Active 6/10/16            | ·          |
| Orlando, FL 32896  Jumber Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| lebt<br>s the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes   | Other. Specify Charge Ac                                     | count   |            |
| Synchrony Bank/Care Credit  | Last 4 digits of account number                              | 4751  | \$0.00     |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965061 Orlando. FL 32896       | When was the debt incurred?                                  | Opened 4/21/15 Last Active 5/18/16            |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharir                            | ng plans, and other similar debts             |            |
| ☐ Yes   | ■ Other Specify Charge Ac                                    | = -   |            |

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Case number (if know)

| Debtor | 1 Tracie Beard  | ——————————————————————————————————————                            | Case number (if know)                                       |         |
|--------|---|---|---|---------|
| 4.2    | Synchrony Bank/Lowes  | Last 4 digits of account number                                   | 5136  | \$0.00  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim i | Opened 1/18/08 Last Active 4/20/10 is: Check all that apply |         |
|        | Who incurred the debt? Check one.   |   |   |         |
|        | Debtor 1 only   | ☐ Contingent  |   |         |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |         |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                     | d claim:  |         |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
|        | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims    | ration agreement or divorce that you did not                |         |
|        | ■ No  | ☐ Debts to pension or profit-sharin                               | g plans, and other similar debts                            |         |
|        | Yes   | Other. Specify Charge Acc   | count   |         |
| 4.2    | Synchrony Bank/Walmart  | Last 4 digits of account number                                   | 6202  | \$0.00  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896                                   | When was the debt incurred?                                       | Opened 11/12/12 Last Active 3/05/15                         |         |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                              | is: Check all that apply                                    |         |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |         |
|        | Debtor 2 only   | ☐ Unliquidated  |   |         |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                     | d claim:  |         |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
|        | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not                |         |
|        | ■ No  | ☐ Debts to pension or profit-sharin                               | g plans, and other similar debts                            |         |
|        | Yes   | ■ Other. Specify Charge Acc                                       | count   |         |
| 4.2    |   |   | 0000  | <b></b> |
| 5      | Target  Nonpriority Creditor's Name   | Last 4 digits of account number                                   | 9203  | \$0.00  |
|        | Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440   | When was the debt incurred?                                       | Opened 11/12 Last Active 10/26/13                           |         |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                              | is: Check all that apply                                    |         |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |         |
|        | Debtor 2 only   | ☐ Unliquidated  |   |         |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                     | d claim:  |         |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |         |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims     | aration agreement or divorce that you did not               |         |
|        | No  | ☐ Debts to pension or profit-sharin                               | g plans, and other similar debts                            |         |
|        | Yes   | ■ Other. Specify Credit Card                                      | I   |         |

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Debtor 1 Tracie Beard Case number (if know) 4.2 \$0.00 **US Dept of Education** 5186 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 06/06 Last Active Attn: Bankruptcy Po Box 16448 When was the debt incurred? 03/13 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Government Unsecured Guarantee Loan ☐ Yes 4.2 5086 **US Dept of Education** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/06 Last Active Attn: Bankruptcy When was the debt incurred? Po Box 16448 03/13 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Government Unsecured Guarantee Loan ☐ Yes 4.2 **US Dept of Education** 5286 \$0.00 8 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/06 Last Active Attn: Bankruptcy Po Box 16448 When was the debt incurred? 03/13 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Government Unsecured Guarantee Loan ☐ Yes

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| Debtor                       | 1 Tracie Be  | eard  |   | Case r        | number (if know)                    |                              |
|------------------------------|--|---|---|---------------|-------------------------------------|------------------------------|
| 4.2<br>9                     | US Dept of   |   | Last 4 digits of account number   | 1841          |                                     | \$0.00                       |
|                              | Nonpriority Cre Attn: Banki Po Box 164 Saint Paul,   | ruptcy<br>148   | When was the debt incurred?   | Oper<br>3/09/ | ned 4/03/06 Last Active<br>/09      | _                            |
|                              | Number Street  | City State Zlp Code   | As of the date you file, the claim  | is: Checl     | k all that apply                    |                              |
|                              | Who incurred   | the debt? Check one.  |   |               |                                     |                              |
|                              | ■ Debtor 1 on  | lly   | Contingent  |               |                                     |                              |
|                              | Debtor 2 on  | ly  | Unliquidated  |               |                                     |                              |
|                              | Debtor 1 an  | d Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                                  | ما ماماس،     |                                     |                              |
|                              | ☐ At least one                                       | of the debtors and another  | <u>-</u> '  | u ciaiiii:    |                                     |                              |
|                              | ☐ Check if th debt                                   | is claim is for a community   | <ul><li>Student loans</li><li>Obligations arising out of a sepa</li></ul> | aration ac    | greement or divorce that you did n  | ot                           |
|                              | Is the claim su                                      | bject to offset?  | report as priority claims   | ιαιιοπ αξ     | greement of divorce that you did in | ot .                         |
|                              | No   |   | ☐ Debts to pension or profit-sharing                                      | ng plans,     | and other similar debts             |                              |
|                              | ☐ Yes  |   | Other. Specify  | _             |                                     |                              |
|                              |  |   | Educationa  | al            |                                     |                              |
| 4.3<br>0                     | US Dept of   |   | Last 4 digits of account number   | 1842          | !                                   | \$0.00                       |
|                              | Nonpriority Cre Attn: Banki Po Box 164               | ruptcy<br>148   | When was the debt incurred?   | Opei<br>3/09/ | ned 6/14/06 Last Active<br>/09      |                              |
|                              |  | City State Zlp Code the debt? Check one.  | As of the date you file, the claim  | is: Checl     | k all that apply                    |                              |
|                              | Debtor 1 on  | ly  | ☐ Contingent  |               |                                     |                              |
|                              | Debtor 2 on  | ly  | ☐ Unliquidated  |               |                                     |                              |
|                              | Debtor 1 an  | d Debtor 2 only   | Disputed  |               |                                     |                              |
|                              | ☐ At least one                                       | e of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:      |                                     |                              |
|                              |  | is claim is for a community   | Student loans   |               |                                     |                              |
|                              | debt<br>Is the claim su                              | bject to offset?  | ☐ Obligations arising out of a separeport as priority claims              | aration ac    | greement or divorce that you did no | ot                           |
|                              | ■ No   |   | Debts to pension or profit-sharing  | ng plans,     | and other similar debts             |                              |
|                              | ☐ Yes  |   | Other. Specify  |               |                                     |                              |
|                              |  |   | Educationa  | al            |                                     |                              |
| Part 3:                      | List Other   | s to Be Notified About a Debt   | That You Already Listed   |               |                                     |                              |
| is tryi<br>have i<br>notifie | ng to collect from more than one or ed for any debts | om you for a debt you owe to som<br>creditor for any of the debts that y<br>s in Parts 1 or 2, do not fill out or s |   | Parts 1       | or 2, then list the collection age  | ency here. Similarly, if you |
| Part 4:                      |  | mounts for Each Type of Uns   | s. This information is for statistical r                                  | oporting      | nurnosos only 29 II S C 8150        | Add the amounts for each     |
|                              | of unsecured cla                                     |   | s. This information is for statistical r                                  | eporting      | g purposes only. 26 0.5.C. 9159.    | Add the amounts for each     |
|                              |  |   |   |               | Total Claim                         |                              |
|                              | 6a.  | Domestic support obligations  |   | 6a.           | \$0.                                | 00                           |
|                              | Total<br>aims  |   |   |               |                                     |                              |
| from P                       |  | Taxes and certain other debts y   | =   | 6b.           |                                     | 00                           |
|                              | 6c.<br>6d.   | Other Add all other priority upset  |   | 6c.<br>6d.    |                                     | 00                           |
|                              | od.  | an other phonty unsec   | cured claims. Write that amount here.                                     | Ju.           | \$0.                                | 00                           |
|                              | 6e.  | Total Priority. Add lines 6a throu  | gh 6d.  | 6e.           | \$0.                                | 00_                          |
|                              |  |   |   |               | Total Claim                         |                              |
|                              | 6f.  | Student loans   |   | 6f.           | \$12,505.                           | 00                           |
|                              | aims   | Obligations arising out of a sep  | aration agreement or divorce that   | 6g.           | \$                                  |                              |

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Debtor 1 Tracie Beard Case number (if know)

you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

0.00

24,954.00

6j.

37,459.00

Total Nonpriority. Add lines 6f through 6i.

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Fill in this information to identify your case: Debtor 1 **Tracie Beard** Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.2 |           |             |                       |                   |   |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          |   |
| 2.3 |           |             |                       |                   |   |
| 0   | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.4 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
| 2.5 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
|     |           |             |                       |                   |   |

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|                         |  | Docume                        | ent Page 31 d           | of 59   |         |
|-------------------------|--|-------------------------------|-------------------------|---|---------|
| Fill in this            | information to identify your   | case:                         |                         |   |         |
| Debtor 1                | Tracie Beard   |                               |                         |   |         |
| 20010                   | First Name   | Middle Name                   | Last Name               |   |         |
| Debtor 2                |  |                               |                         |   |         |
| (Spouse if, filin       | ng) First Name   | Middle Name                   | Last Name               |   |         |
| United Stat             | tes Bankruptcy Court for the:  | NORTHERN DISTRICT             | OF ILLINOIS             |   |         |
| Cooo numb               | oor  |                               |                         |   |         |
| Case numb<br>(if known) | Dei  |                               |                         | ☐ Check if this is an   |         |
|                         |  |                               |                         | amended filing  |         |
|                         |  |                               |                         |   |         |
| Official                | Form 106H  |                               |                         |   |         |
|                         | ule H: Your Cod  | obtore                        |                         | 40  | IA E    |
| Scried                  | ule H. Tour Cou  | EDIOI 2                       |                         | 12  | /15     |
|                         | and case number (if known you have any codebtors? (If                              |                               |                         | as a codebtor.  |         |
| _                       |  |                               |                         |   |         |
| ■ No                    |  |                               |                         |   |         |
| ☐ Yes                   |  |                               |                         |   |         |
| Arizona                 | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3. |                               |                         | y? (Community property states and territories include ington, and Wisconsin.)                           |         |
|                         | . Did your spouse, former spo  | use, or legal equivalent live | e with you at the time? |   |         |
| 3. In Colu              | umn 1. list all of vour codeb  | tors. Do not include vour     | spouse as a codebtor    | if your spouse is filing with you. List the person s  | hown    |
| in line<br>Form 1       | 2 again as a codebtor only   | if that person is a guaran    | tor or cosigner. Make   | sure you have listed the creditor on Schedule D (O<br>16G). Use Schedule D, Schedule E/F, or Schedule G | fficial |
| (                       | Column 1: Your codebtor  |                               |                         | Column 2: The creditor to whom you owe the  | debt    |
|                         | Name, Number, Street, City, State and Z  | IP Code                       |                         | Check all schedules that apply:   |         |
|                         |  |                               |                         |   |         |
| 3.1                     | Name   |                               |                         | Schedule D, line  |         |
| '                       | Name   |                               |                         | Schedule E/F, line  |         |
|                         |  |                               |                         | ☐ Schedule G, line  |         |
|                         | Number Street  |                               |                         | _   |         |
| (                       | City   | State                         | ZIP Code                |   |         |
|                         |  |                               |                         | Пол. 11 г.  |         |
| 3.2                     | Name   |                               |                         | Schedule D, line  |         |
| '                       | Namo   |                               |                         | ☐ Schedule E/F, line  |         |
|                         |  |                               |                         | ☐ Schedule G, line  |         |
|                         | Number Street  |                               |                         | _   |         |
| (                       | City   | State                         | ZIP Code                |   |         |

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|             |   |  |                                     |                   |      | _           |                         |                          |                         |          |
|-------------|---|--|-------------------------------------|-------------------|------|-------------|-------------------------|--------------------------|-------------------------|----------|
| Fill        | in this information to identify your of   | case:  |                                     |                   |      |             |                         |                          |                         |          |
| De          | btor 1 Tracie Bear  | <sup>r</sup> d   |                                     |                   |      |             |                         |                          |                         |          |
|             | btor 2  |  |                                     |                   |      |             |                         |                          |                         |          |
| Un          | ited States Bankruptcy Court for the  | e: NORTHERN DISTRIC                                    | CT OF ILLINOIS                      |                   | _    |             |                         |                          |                         |          |
| (If k       | se number<br>nown)  |  |                                     |                   |      | □ A         |                         | ed filing<br>ent showin  | g postpetition          |          |
| 0           | fficial Form 106I   |  |                                     |                   |      | N           | 1M / DD/ \              | /YYY                     |                         |          |
| S           | chedule I: Your Inc   | ome  |                                     |                   |      |             |                         |                          |                         | 12/1     |
| spo<br>atta | plying correct information. If you use. If you are separated and youch a separate sheet to this form.  The separate sheet to this form.  Describe Employment information. | ur spouse is not filing wi<br>On the top of any additi | ith you, do not inclu               | de infor          | mati | on abou     | t your spo<br>umber (if | ouse. If mo<br>known). A | ore space is            | needed,  |
|             | If you have more than one job,  |  | ■ Employed                          |                   |      |             | ☐ Empl                  |                          | g opouoo                |          |
|             | attach a separate page with information about additional  | Employment status                                      | ☐ Not employed                      | _                 |      |             |                         | mployed                  |                         |          |
|             | employers.  | Occupation   | Health Technici                     | Health Technician |      |             |                         |                          |                         |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name  | Maxim Healthca                      | ire               |      |             |                         |                          |                         |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address                                     | 1935 Brookdale<br>Naperville, IL 60 |                   |      |             |                         |                          |                         |          |
|             |   | How long employed t                                    | here?                               |                   |      |             | _                       |                          |                         |          |
| Pa          | rt 2: Give Details About Mo   | nthly Income   |                                     |                   |      |             |                         |                          |                         |          |
|             | imate monthly income as of the ouse unless you are separated.   | date you file this form. If                            | you have nothing to r               | eport for         | any  | line, write | e \$0 in the            | space. Inc               | clude your no           | n-filing |
|             | ou or your non-filing spouse have me space, attach a separate sheet to  |  | ombine the informatio               | n for all e       | empl | oyers for   | that perso              | on on the li             | nes below. If           | you need |
|             |   |  |                                     |                   |      | For Del     | btor 1                  |                          | btor 2 or<br>ing spouse |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |  |                                     | 2.                | \$   | 1           | ,733.33                 | \$                       | N/A                     | -        |
| 3.          | Estimate and list monthly over  | time pay.  |                                     | 3.                | +\$  |             | 0.00                    | +\$                      | N/A                     | -        |
| 4.          | Calculate gross Income. Add I   | ine 2 + line 3.  |                                     | 4.                | \$   | 1,7         | 33.33                   | \$                       | N/A                     |          |

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| Debt | or 1        | Tracie Beard  | =           | Case      | number ( <i>if known</i> ) |           |                      |          |
|------|-------------|---|-------------|-----------|----------------------------|-----------|----------------------|----------|
|      |             |   |             | For       | Debtor 1                   |           | ebtor 2 or           |          |
|      | Cor         | by line 4 here  | 4.          | \$        | 1,733.33                   | non-t     | iling spouse<br>N/A  |          |
|      | 001         | by line 4 nere  |             | Ψ_        | 1,700.00                   | Ψ         | IVA                  |          |
| 5.   | List        | t all payroll deductions:   |             |           |                            |           |                      |          |
|      | 5a.         | Tax, Medicare, and Social Security deductions   | 5a.         | \$        | 433.33                     | \$        | N/A                  |          |
|      | 5b.         | Mandatory contributions for retirement plans  | 5b.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 5c.         | Voluntary contributions for retirement plans  | 5c.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 5d.         | Required repayments of retirement fund loans  | 5d.         | \$_       | 0.00                       | \$        | N/A                  |          |
|      | 5e.         | Insurance   | 5e.         | \$_       | 0.00                       | \$        | N/A                  |          |
|      | 5f.         | Domestic support obligations  | 5f.         | \$_<br>\$ | 0.00                       | \$        | N/A                  |          |
|      | 5g.<br>5h.  | Union dues Other deductions. Specify:   | 5g.<br>5h.+ | · · · ·   | 0.00                       | + \$      | N/A<br>N/A           |          |
| 6.   |             | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.          | \$<br>\$  |                            | * —<br>\$ |                      |          |
|      |             |   |             | Ť —       | 433.33                     | · —       | N/A                  |          |
| 7.   |             | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$        | 1,300.00                   | \$        | N/A                  |          |
| 8.   | List<br>8a. | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |             |           |                            |           |                      |          |
|      |             | monthly net income.   | 8a.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 8b.         | Interest and dividends  | 8b.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 8c.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive   |             |           |                            |           |                      |          |
|      |             | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.         | \$        | 935.00                     | \$        | N/A                  |          |
|      | 8d.         |   | 8d.         | \$-       | 0.00                       | \$        | N/A                  |          |
|      | 8e.         | Social Security   | 8e.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 8f.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 8g.         | Pension or retirement income  | 8g.         | \$        | 0.00                       | \$        | N/A                  |          |
|      | 8h.         | Other monthly income. Specify:  | 8h.+        | \$_       | 0.00                       | + \$      | N/A                  |          |
| 9.   | Add         | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.          | \$        | 935.00                     | \$        | N/A                  | <u> </u> |
| 10.  |             | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$      | :         | 2,235.00 + \$_             |           | N/A = \$             | 2,235.00 |
| 11.  | othe<br>Do  | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not ecify: | depen       |           | •                          |           | hedule J.<br>11. +\$ | 0.00     |
| 12.  | Writ        | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certain  |             |           |                            |           | 12. \$               | 2,235.00 |
|      | арр         | illes   |             |           |                            |           | Combin               | ed       |
| 13.  | Do :        | you expect an increase or decrease within the year after you file this form No.   | ?           |           |                            |           | monthly              | / income |
|      |             | Yes. Explain:   |             |           |                            |           |                      |          |

Schedule I: Your Income

page 2

Official Form 106I

|       | in this informa          | tion to identify yo                    | nır case:     |  |  | ı              |                                   |                               |
|-------|--------------------------|--|---------------|--|--|----------------|-----------------------------------|-------------------------------|
| Deb   |                          |  |               |  |  | Object         | alcif this is:                    |                               |
| Deb   | IOI I                    | Tracie Beard                           |               |  |  | Che            | ck if this is:  An amended filing |                               |
|       | tor 2                    |  |               |  |  |                |                                   | ving postpetition chapter     |
| (Spc  | ouse, if filing)         |  |               |  |  |                | 13 expenses as of                 | the following date:           |
| Unite | ed States Bankr          | uptcy Court for the                    | : NORTH       | HERN DISTRICT OF ILLIN   | OIS                                    |                | MM / DD / YYYY                    |                               |
|       | e number<br>nown)        |  |               |  |  |                |                                   |                               |
| Of    | ficial Fo                | rm 106J                                |               |  |  |                |                                   |                               |
|       |                          | J: Your I                              |               |  |  |                |                                   | 12/15                         |
| info  | rmation. If m            |  | eded, atta    | . If two married people ar<br>ich another sheet to this<br>n.              |  |                |                                   |                               |
| Part  |                          | ibe Your House                         | hold          |  |  |                |                                   |                               |
| 1.    | Is this a joir           |  |               |  |  |                |                                   |                               |
|       | ■ No. Go to              |  | n a senar     | ate household?   |  |                |                                   |                               |
|       | _ 100: <b>200</b>        |  | a copa        |  |  |                |                                   |                               |
|       | = ::                     | _                                      | st file Offic | al Form 106J-2, Expenses   | s for Separate House                   | ehold of Deb   | otor 2.                           |                               |
| 2.    | Do you have              | e dependents?                          | □ No          |  |  |                |                                   |                               |
|       | Do not list Do Debtor 2. | ebtor 1 and                            | Yes.          | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |                | Dependent's age                   | Does dependent live with you? |
|       | Do not state             | the                                    |               |  |  |                |                                   | □ No                          |
|       | dependents               | names.                                 |               |  | Daughter                               |                | 11                                | ■ Yes                         |
|       |                          |  |               |  | Daughter                               |                | 16                                | □ No<br>■ Yes                 |
|       |                          |  |               |  | Dauginei                               |                |                                   | ■ Yes □ No                    |
|       |                          |  |               |  | Daughter                               |                | 19                                | ■ Yes                         |
|       |                          |  |               |  |  |                | _                                 | □ No                          |
| 3.    | Do your eyr              | enses include                          | _             |  |  |                |                                   | ☐ Yes                         |
| J.    | expenses of              | f people other the<br>d your depende   | han _         | No<br>Yes  |  |                |                                   |                               |
| Esti  | imate your ex            |  | our bankr     | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                |                                   |                               |
|       | licable date.            | a date after tile i                    | Jankruptu     | y is ilieu. Il tilis is a supp   | nemental Schedule                      | e J, CHECK I   | ile box at tile top o             | title form and the mittle     |
| the   |                          | h assistance and                       |               | government assistance i  |  |                | Your exp                          | enses                         |
| (     |                          | ,                                      |               |  |  |                |                                   |                               |
| 4.    |                          | or home owners<br>and any rent for the |               | ses for your residence. I<br>or lot.                                       | nclude first mortgag                   | e<br>4. \$     | \$                                | 1,000.00                      |
|       | If not includ            | led in line 4:                         |               |  |  |                |                                   |                               |
|       | 4a. Real e               | estate taxes                           |               |  |  | 4a. \$         | \$                                | 0.00                          |
|       | •                        | rty, homeowner's                       |               |  |  | 4b.            | ·                                 | 0.00                          |
|       |                          | maintenance, re<br>owner's associat    |               | upkeep expenses<br>dominium dues   |  | 4c. 3<br>4d. 3 |                                   | 0.00                          |
| 5     |                          |  |               | our r <b>esidence</b> , such as ho   | me equity loans                        | 5. S           | ·                                 | 0.00                          |

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| Debtor             | 1 Tracie E                         | Seard   | Case num            | ber (if kn | own)                                 |
|--------------------|------------------------------------|---|---------------------|------------|--------------------------------------|
| 6. <b>Ut</b>       | tilities:                          |   |                     |            |                                      |
| o. <b>o.</b><br>6a |                                    | , heat, natural gas   | 6a.                 | \$         | 170.00                               |
| 6b                 |                                    | ewer, garbage collection  | 6b.                 |            | 0.00                                 |
| 6c                 | •                                  | e, cell phone, Internet, satellite, and cable services  | 6c.                 |            | 190.00                               |
| 6d                 | •                                  |   | 6d.                 |            | 0.00                                 |
|                    |                                    | sekeeping supplies  |                     |            | 372.00                               |
|                    |                                    | children's education costs  | 8.                  | \$ —       | 0.00                                 |
| _                  |                                    | dry, and dry cleaning   | 9.                  | ·          | 200.00                               |
|                    | _                                  | products and services   | 9.<br>10.           |            |                                      |
|                    |                                    | •   |                     | · —        | 0.00                                 |
|                    |                                    | ental expenses  | 11.                 | »          | 0.00                                 |
|                    |                                    | Include gas, maintenance, bus or train fare.  | 12.                 | \$         | 200.00                               |
|                    | o not include o                    | clubs, recreation, newspapers, magazines, and books   | 13.                 | ·          | 0.00                                 |
|                    |                                    | tributions and religious donations  | 14.                 |            |                                      |
|                    |                                    | u ibuliono anu rengious uonations   | 14.                 | Φ          | 0.00                                 |
|                    | <b>surance.</b><br>a not include i | nsurance deducted from your pay or included in lines 4 or 20.                                       |                     |            |                                      |
|                    | sa. Life insur                     | , , ,   | 15a.                | \$         | 0.00                                 |
|                    | bb. Health ins                     |   | 15b.                |            | 0.00                                 |
|                    | c. Vehicle in                      |   | 15c.                | · —        | 0.00                                 |
| _                  |                                    | urance. Specify:  | 15d.<br>15d.        | · —        | 0.00                                 |
|                    |                                    |   |                     | Φ          | 0.00                                 |
|                    | axes. Do not II<br>becify:         | nclude taxes deducted from your pay or included in lines 4 or                                       | 20.<br>16.          | \$         | 0.00                                 |
|                    | •                                  | lease payments:   |                     | Ψ          | 0.00                                 |
|                    |                                    | nents for Vehicle 1   | 17a.                | \$         | 0.00                                 |
|                    |                                    | nents for Vehicle 2   | 17b.                | · —        | 0.00                                 |
|                    | c. Other. Sp                       |   | 176.<br>17c.        |            | 0.00                                 |
|                    | d. Other Sp                        | -   | 176.<br>17d.        | ·          |                                      |
|                    |                                    | s of alimony, maintenance, and support that you did not r   |                     | Φ          | 0.00                                 |
|                    |                                    | your pay on line 5, Schedule I, Your Income (Official For   |                     | \$         | 0.00                                 |
|                    |                                    | s you make to support others who do not live with you.  | iii 100i).          | \$         | 0.00                                 |
|                    | nei paymem<br>pecify:              | s you make to support official who do not live with you.  | 19.                 | Ψ          | 0.00                                 |
|                    |                                    | perty expenses not included in lines 4 or 5 of this form or   |                     | our Inco   | nme                                  |
|                    |                                    | s on other property   | 20a.                |            | 0.00                                 |
|                    | b. Real esta                       |   | 20b.                |            | 0.00                                 |
|                    |                                    | homeowner's, or renter's insurance  | 20c.                | · -        | 0.00                                 |
|                    |                                    | nce, repair, and upkeep expenses  | 20d.                |            | 0.00                                 |
|                    |                                    | ner's association or condominium dues   | 20d.<br>20e.        |            | 0.00                                 |
|                    |                                    | let's association of condominatin dues  |                     | φ<br>+\$   |                                      |
| 1. 01              | ther: Specify:                     |   |                     | +9         | 0.00                                 |
| 2. <b>C</b> a      | alculate your                      | monthly expenses  |                     |            |                                      |
|                    | 2a. Add lines 4                    | • •   |                     | \$         | 2,132.00                             |
|                    |                                    | 22 (monthly expenses for Debtor 2), if any, from Official Form                                      | 106J-2              | \$         | ,                                    |
|                    |                                    | 2a and 22b. The result is your monthly expenses.  |                     | * —        | 2,132.00                             |
| 22                 | .o. Aud III 16 22                  | a and 220. The result is your monthly expenses.   |                     |            | 2,132.00                             |
| .3. <b>C</b> a     | alculate your                      | monthly net income.   |                     |            |                                      |
| 23                 | Ba. Copy line                      | 12 (your combined monthly income) from Schedule I.  | 23a.                | \$         | 2,235.00                             |
| 23                 | Bb. Copy you                       | r monthly expenses from line 22c above.   | 23b.                | -\$        | 2,132.00                             |
|                    |                                    |   |                     |            | ·                                    |
| 23                 |                                    | your monthly expenses from your monthly income.   | <b>~</b> =          | •          | 402.00                               |
|                    | The resul                          | t is your monthly net income.   | 23c.                | \$         | 103.00                               |
|                    |                                    |   | <u> </u>            |            |                                      |
|                    |                                    | an increase or decrease in your expenses within the year  |                     |            |                                      |
|                    |                                    | ou expect to finish paying for your car loan within the year or do you e<br>terms of your mortgage? | xpect your mortgage | payment    | to increase or decrease because of a |
| _                  | -                                  | , torris or your mortgage:  |                     |            |                                      |
|                    | No.                                |   |                     |            |                                      |
|                    | Yes.                               | Explain here:   |                     |            |                                      |

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| Fill in this inform                  | mation to identify your                          | case:                                    |                            |                          |  |  |  |
|--------------------------------------|--|--|----------------------------|--------------------------|--|--|--|
| Debtor 1                             | Tracie Beard                                     |  |                            |                          |  |  |  |
|                                      | First Name                                       | Middle Name                              | Last Name                  |                          |  |  |  |
| Debtor 2<br>(Spouse if, filing)      | First Name                                       | Middle Name                              | Last Name                  |                          |  |  |  |
| United States Ba                     | inkruptcy Court for the:                         | NORTHERN DISTRICT OF ILLINOIS            |                            |                          |  |  |  |
| Case number                          |  |  |                            |                          |  |  |  |
| (if known)                           |  |  |                            |                          | ☐ Check if this is an amended filing   |  |  |
| Official Forn                        |  | ın Individual                            | Debtor's So                | chedules                 | 12/15  |  |  |
| <del>Doorar at</del>                 |  | - III III III II II II II II II II II II | <b>D</b> 05(0) 0 00        | <del></del>              | 12/13  |  |  |
| obtaining money<br>years, or both. 1 |  | n connection with a ban                  |                            |                          | ement, concealing property, or<br>00, or imprisonment for up to 20                           |  |  |
|                                      |  | one who is NOT an atto                   | ney to help you fill out l | bankruptcy forms?        |  |  |  |
| ■ No                                 |  |  |                            |                          |  |  |  |
| ☐ Yes. N                             | Name of person                                   |  |                            |                          | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |  |  |
|                                      | Ity of perjury, I declare<br>e true and correct. | that I have read the sum                 | mary and schedules file    | ed with this declaration | on and   |  |  |
| X /s/ Trad                           | cie Reard  |  | X                          |                          |  |  |  |
| Tracie                               |  |  | Signature of               | Debtor 2                 |  |  |  |
| Date A                               | August 29. 2018                                  |  | Date                       |                          |  |  |  |

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| Fill in          | this inforn           | nation to identify you   | r case:  |   |  |   |  |  |
|------------------|-----------------------|--|--|---|--|---|--|--|
| Debto            | or 1                  | Tracie Beard   |  |   |  |   |  |  |
|                  |                       | First Name   | Middle Name  | Last Name   |  |   |  |  |
| Debto<br>(Spouse | or 2<br>e if, filing) | First Name   | Middle Name  | Last Name   |  |   |  |  |
| United           | d States Ba           | nkruptcy Court for the:  | NORTHERN DISTRICT (  | OF ILLINOIS   |  |   |  |  |
| Casa             | number                |  |  |   |  |   |  |  |
| (if know         |                       |  |  |   |  | Check if this is an<br>mended filing                  |  |  |
|                  |                       | rm 107<br>of Financial   | Affairs for Individ  | luals Filing for B                                    | ankruptcy  | 4/10  |  |  |
| inform           | nation. If m          |  | attach a separate sheet to   |   | equally responsible for sup<br>y additional pages, write you   |   |  |  |
| Part 1           | Give D                | etails About Your Ma   | rital Status and Where You   | Lived Before  |  |   |  |  |
| 1. W             | /hat is you           | r current marital statu  | ıs?  |   |  |   |  |  |
|                  | ☐ Married ☐ Not mar   | ried   |  |   |  |   |  |  |
| 2. D             | uring the la          | ast 3 years, have you  | lived anywhere other than  | where you live now?                                   |  |   |  |  |
| <b>■</b>         | ■ No<br>■ Yes. Lis    | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |
| I                | Debtor 1 Pr           | ior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |
|                  |                       |  |  |   | ity property state or territor<br>ico, Texas, Washington and V |   |  |  |
| •                | ■ No<br>□ Yes. Ma     | ike sure you fill out <i>Scl</i>   | nedule H: Your Codebtors (Of   | ficial Form 106H).                                    |  |   |  |  |
| Part 2           | Explai                | n the Sources of You   | r Income   |   |  |   |  |  |
| F                | ill in the tota       | al amount of income yo   | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | III businesses, including part-                       |  | ndar years?   |  |  |
| [<br>[           |                       | in the details.  |  |   |  |   |  |  |
|                  |                       |  | Debtor 1   |   | Debtor 2   |   |  |  |
|                  |                       |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |
|                  | •                     | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$13,866.66   | ☐ Wages, commissions, bonuses, tips                            |   |  |  |
|                  |                       |  | ☐ Operating a business   |   | ☐ Operating a business   |   |  |  |

Official Form 107

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Page 38 of 59 Document Case number (if known) Debtor 1 Tracie Beard Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$15,945.46 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$9,619.76 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. and exclusions) (before deductions and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

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| 7.  | <i>Insiders</i> include your relatives; any general pa<br>of which you are an officer, director, person in  | ptcy, did you make a payment on a debt you owed anyone who was an insider? partners; relatives of any general partners; partnerships of which you are a general partner; corporatin control, or owner of 20% or more of their voting securities; and any managing agent, including on . 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and |                                |   |   |
|-----|---|---|--------------------------------|---|---|
|     | Insider's Name and Address  | Dates of payment  | Total amount paid              | Amount you still owe  | Reason for this payment                         |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi  |   |                                |   | ccount of a debt that benefited an              |
|     | ☐ Yes. List all payments to an insider  |   |                                |   |   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid              | Amount you still owe  | Reason for this payment Include creditor's name |
| Pai | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures   |                                |   |   |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details. |   |                                |   |   |
|     | Case title Case number  | Nature of the case  | Court or agency                |   | Status of the case                              |
|     | Unknown Plaintiff vs Unknown<br>Defendant<br>1729858JBS   | BankruptcyChapt US BKPT CT IL CHICAGO er7   |                                | <ul><li>☐ Pending</li><li>☐ On appeal</li><li>☐ Concluded</li></ul> |   |
|     |   |   |                                |   | Dismissed - 0.00                                |
|     | Unknown Plaintiff vs Unknown<br>Defendant<br>1116673JHS   | BankruptcyChapt<br>er7  | US BKPT CT IL CHICAGO          |   | ☐ Pending ☐ On appeal ☐ Concluded               |
|     |   |   |                                |   | Discharged - 0.00                               |
|     | TRACIE BEARD vs Unknown<br>Defendant<br>1729858   | Bankruptcy<br>Chapter 7   | ILLINOIS NORTHERN -<br>CHICAGO |   | ☐ Pending ☐ On appeal ☐ Concluded               |
|     |   |   |                                |   | Dismissed - 0.00                                |
|     | LEE ALBERT, TRACIE BEARD<br>REED vs Unknown Defendant<br>1116673  | Bankruptcy<br>Chapter 7   | ILLINOIS NORTHERN -<br>CHICAGO |   | ☐ Pending ☐ On appeal ☐ Concluded               |
|     |   |   |                                |   | Discharged - 0.00                               |
|     | Marquette Management Inc vs<br>TRACIE BEARD REED, LEE REED<br>16LM714   | CIVIL NEW FILING  | DU PAGE LAW<br>MAGISTRATE      |   | ☐ Pending ☐ On appeal ☐ Concluded               |
|     |   |   |                                |   | - 2,155.00                                      |

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Debtor 1 Tracie Beard Case number (if known)

| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo  |         | as any of your property repossessed, foreclosed  | l, garnished, attached                          | d, seized, or levied?          |
|-----|--|---------|--|---|--------------------------------|
|     | No. Go to line 11.   |         |  |   |                                |
|     | Yes. Fill in the information below.  |         |  |   |                                |
|     | Creditor Name and Address  | De      | scribe the Property  | Date  | Value of the property          |
|     |  | Ex      | plain what happened  |   | property                       |
| 11. | accounts or refuse to make a payment be No   |         | did any creditor, including a bank or financial ins<br>you owed a debt?  | stitution, set off any a                        | nmounts from your              |
|     | Yes. Fill in the details.  | ъ.      | and the state of the second state of   | Data antino con                                 | A                              |
|     | Creditor Name and Address  | De      | scribe the action the creditor took  | Date action was taken                           | Amount                         |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  ■ No □ Yes   |         | as any of your property in the possession of an a<br>er official?  | assignee for the bene                           | efit of creditors, a           |
| Par | t 5: List Certain Gifts and Contributions  |         |  |   |                                |
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person |         | did you give any gifts with a total value of more the discribethe gifts  | han \$600 per person'  Dates you gave the gifts | ?<br>Value                     |
|     | Person to Whom You Gave the Gift and Address:  |         |  |   |                                |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co Gifts or contributions to charities that to        | ntribut | did you give any gifts or contributions with a totation.  Describe what you contributed  | Il value of more than  Dates you                | \$600 to any charity?<br>Value |
|     | more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  |         |  | contributed                                     |                                |
| Par | t 6: List Certain Losses   |         |  |   |                                |
| 15. | Within 1 year before you filed for bankrup or gambling?  No  | tcy or  | since you filed for bankruptcy, did you lose anyt  | thing because of thef                           | t, fire, other disaster        |
|     | ☐ Yes. Fill in the details.  |         |  |   |                                |
|     | how the loss occurred  | nclude  | be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property. | Date of your loss                               | Value of property<br>lost      |
| Par | t 7: List Certain Payments or Transfers  |         |  |   |                                |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p   | repariı | d you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services required         | , ,   | rty to anyone you              |
|     | □ No   |         |  |   |                                |
|     | Yes. Fill in the details.  |         |  |   |                                |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou      | Description and value of any property transferred  | Date payment or transfer was made               | Amount of payment              |

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Debtor 1 Tracie Beard

|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and va transferred                                   | lue of any prop | perty           | Date payment<br>or transfer was<br>made             | Amount of payment             |
|-----|--|--|-----------------|-----------------|---|-------------------------------|
|     | Fernandez & Gray<br>108 Madison<br>Oak Park, IL 60302  |  |                 |                 | 8/28/18   | \$550.00                      |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors  Do not include any payment or transfer that you lis  No  Yes. Fill in the details.   | or to make payments  |                 |                 | or transfer any proper                              | ty to anyone who              |
|     | Person Who Was Paid<br>Address   | Description and va transferred                                   | lue of any prop | perty           | Date payment or transfer was made                   | Amount of payment             |
| 18. | Within 2 years before you filed for bankruptcy.  | , did you sell, trade, or  | otherwise tran  | nsfer any pro   | perty to anyone, other                              | than property                 |
|     | transferred in the ordinary course of your busingly busing the post of your busing transfers and transfers made include gifts and transfers that you have already ling to the year. In the details.  | e as security (such as th  |                 | security intere | est or mortgage on your                             | property). Do not             |
|     | Person Who Received Transfer Address  Person's relationship to you   | Description and va property transferre                           |                 |                 | e any property or<br>s received or debts<br>xchange | Date transfer was made        |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  |  | property to a s | self-settled t  | rust or similar device o                            | of which you are a            |
|     | Yes. Fill in the details.  |  |                 |                 |   |                               |
|     | Name of trust  | Description and va   | lue of the prop | erty transfer   | red   | Date Transfer was made        |
| Par | 8: List of Certain Financial Accounts, Instru  | uments, Safe Deposit l   | Boxes, and Sto  | orage Units     |   |                               |
| 20. | Within 1 year before you filed for bankruptcy, value for bankruptcy, value for transferred?  | were any financial acc   | ounts or instru | ıments held     | in your name, or for yo                             | ur benefit, closed,           |
|     | Include checking, savings, money market, or on the common market, or one common market, or one common market, or one common market, associate the common market, as one common market, as |  |                 |                 | hares in banks, credit                              | unions, brokerage             |
|     |  | ast 4 digits of  | Type of accou   | nt or D         | ate account was                                     | Last balance                  |
|     |  | ccount number  | instrument      | m               | osed, sold,<br>loved, or<br>ansferred               | before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yeacash, or other valuables?   | ar before you filed for b  | oankruptcy, an  | y safe depos    | sit box or other deposit                            | eory for securities,          |
|     | No   |  |                 |                 |   |                               |
|     | Yes. Fill in the details.  |  |                 |                 |   |                               |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acce<br>Address (Number, Str<br>State and ZIP Code) |                 | Describe the    | contents  | Do you still have it?         |

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Debtor 1 Tracie Beard

| 22. | Have you stored property in a storage unit or pl   | ace other than your home within 1  | year before you filed for bankruptcy   | ?                     |  |  |  |
|-----|--|--|--|-----------------------|--|--|--|
|     | No   |  |  |                       |  |  |  |
|     | Yes. Fill in the details.  |  |  |                       |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                  | Do you still have it? |  |  |  |
| Par | t 9: Identify Property You Hold or Control for   | Someone Else   |  |                       |  |  |  |
| 23. | Do you hold or control any property that someo for someone.  | ne else owns? Include any proper   | ty you borrowed from, are storing for  | , or hold in trust    |  |  |  |
|     | ■ No   |  |  |                       |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                  | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Informa   | ation  |  |                       |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:   |  |                       |  |  |  |
| •   | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substite means any location, facility, or property as | ir, land, soil, surface water, ground<br>ostances, wastes, or material.              | dwater, or other medium, including st  | atutes or             |  |  |  |
| _   | to own, operate, or utilize it, including disposal   | <u> </u>   | iaw, whether you now own, operate, o   | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |  | s waste, hazardous substance, toxic s  | substance,            |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of wher  | n they occurred.                       |                       |  |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable  | under or in violation of an environme  | ental law?            |  |  |  |
|     | ■ No   |  |  |                       |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)            | Environmental law, if you know it      | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any   | ,  |  |                       |  |  |  |
|     | ■ No   |  |  |                       |  |  |  |
|     | Yes. Fill in the details.  |  |  |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)            | Environmental law, if you know it      | Date of notice        |  |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any envi   | ironmental law? Include settlements a  | and orders.           |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |                       |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)              | Nature of the case                     | Status of the case    |  |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business   |  |                       |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  | did you own a business or have ar  | ny of the following connections to any | / business?           |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t  | •  | •                                      |                       |  |  |  |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh   | ip (LLP)                               |                       |  |  |  |

Entered 08/29/18 17:33:08 Desc Main Case 18-24451 Doc 1 Filed 08/29/18 Page 43 of 59 Document Case number (if known) **Tracie Beard** Debtor 1 ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Traci  | acie Beard<br>e Beard<br>ture of Debtor 1 | Signature of Debtor 2  |                         |
|--------|---|--|-------------------------|
| Date   | August 29, 2018                           | Date   |                         |
| •      | u attach additional pages to Your S       | tatement of Financial Affairs for Individuals Filing for Ban | nkruptcy (Official Form |
| ■ No   |   |  |                         |
| ☐ Yes  |   |  |                         |
| Did vo | u nav or agree to nav someone who         | s is not an attornoy to halp you fill out bankruptoy forms?  |                         |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

107)?

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| ( | Chapter 7: | Liquidation        |
|---|------------|--------------------|
|   | \$245      | filing fee         |
|   | \$75       | administrative fee |
| 4 | + \$15     | trustee surcharge  |
|   | \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

# Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

## Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

# (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

# A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$2,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$200.00 toward the flat fee, leaving a balance due of \$1,800.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:August 29, 2018                 |                            |
|--------------------------------------|----------------------------|
| Signed:                              |                            |
| /s/ Tracie Beard                     | /s/ Bennie W Fernandez     |
| Tracie Beard                         | Bennie W Fernandez         |
|                                      | Attorney for the Debtor(s) |
| Debtor(s)                            |                            |
| Do not sign this agreement if the an | nounts are blank.          |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Northern District of Illinois

| In r | e Tracie Beard                                     |  |   | Case No.              |                      |                 |
|------|--|--|---|-----------------------|----------------------|-----------------|
|      |  |  | Debtor(s)   | Chapter               | 13                   |                 |
|      | DIS  | CLOSURE OF C   | OMPENSATION OF ATTOR  | RNEY FOR DI           | EBTOR(S)             |                 |
| 1.   | compensation paid to                               | me within one year befo                                  | cr. P. 2016(b), I certify that I am the attorn<br>ore the filing of the petition in bankruptcy,<br>emplation of or in connection with the ban | or agreed to be paid  | to me, for services  |                 |
|      | For legal service                                  | es, I have agreed to accep                               | t   | \$                    | 2,000.00             |                 |
|      |  |  | received  |                       | 200.00               |                 |
|      | Balance Due  |  |   |                       | 1,800.00             |                 |
| 2.   | The source of the con                              | mpensation paid to me wa                                 | as:   |                       |                      |                 |
|      | Debtor   | ☐ Other (specify):                                       |   |                       |                      |                 |
| 3.   | The source of compe                                | nsation to be paid to me i                               | is:   |                       |                      |                 |
|      | Debtor   | ☐ Other (specify):                                       |   |                       |                      |                 |
| 4.   | ■ I have not agreed                                | to share the above-discle                                | osed compensation with any other person   | unless they are mem   | bers and associates  | of my law firm. |
|      |  |  | l compensation with a person or persons we of the names of the people sharing in the  |                       |                      | law firm. A     |
| 5.   | In return for the above                            | ve-disclosed fee, I have a                               | greed to render legal service for all aspect  | s of the bankruptcy o | ease, including:     |                 |
|      | b. Preparation and fi                              | iling of any petition, sche<br>the debtor at the meeting | and rendering advice to the debtor in detectules, statement of affairs and plan which g of creditors and confirmation hearing, and            | may be required;      | -                    | ıkruptcy;       |
| 6.   | By agreement with th                               | ne debtor(s), the above-dis                              | sclosed fee does not include the following  | service:              |                      |                 |
|      |  |  | CERTIFICATION   |                       |                      |                 |
| this | I certify that the foregonal bankruptcy proceeding |  | ment of any agreement or arrangement for  | payment to me for r   | epresentation of the | debtor(s) in    |
| ١,   | August 29, 2018                                    |  | /s/ Bennie W Ferr   | nandez                |                      |                 |
| _    | Date   |  | Bennie W Fernan   |                       |                      |                 |
|      |  |  | Signature of Attorne<br>Fernandez & Grav  | •                     |                      |                 |
|      |  |  | 108 W. Madison  | ,                     |                      |                 |
|      |  |  | 2nd Floor   |                       |                      |                 |
|      |  |  | Oak Park, IL 6030<br>312-386-1010 Fa  |                       |                      |                 |
|      |  |  | bennie161@sbcg  |                       |                      |                 |
|      |  |  | Name of law firm  |                       |                      |                 |

# United States Bankruptcy Court Northern District of Illinois

|       |   | 1 (of the H District of Immors                    |                              |                |
|-------|---|---|------------------------------|----------------|
| In re | Tracie Beard                              |   | Case No.                     |                |
|       |   | Debtor(s)   | Chapter 13                   |                |
|       | $\mathbf{V}$                              | ERIFICATION OF CREDITOR I                         | MATRIX                       |                |
|       |   | Number o  | f Creditors:                 | 30             |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of cred          | itors is true and correct to | the best of my |
| Date: | August 29, 2018                           | /s/ Tracie Beard Tracie Beard Signature of Debtor |                              |                |

AmeriCredit/GM Financial Po Box 181145 Arlington, TX 76096

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Best Buy/cbna

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Na Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cavalry Portfolio Services Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595

Comenity Bank/Metro Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Dept of Ed / 582 / Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501 Dept of Ed / 582 / Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

Dept of Ed / 582 / Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

First Nataional Bank/Legacy Attn: Bankruptcy Po Box 5097 Sioux Falls, SD 57117

First Nataional Bank/Legacy Attn: Bankruptcy Po Box 5097 Sioux Falls, SD 57117

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Lincoln Automotive Financial Service Attn: Bankruptcy Po Box 542000 Omaha, NE 68154

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Prestige Financial Svc Attn: Bankruptcy 351 W Opportunity Way Draper, UT 84020

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161 Synchrony Bank P.O. Box 965064 Orlando, FL 32896

Synchrony Bank/Car Care One Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440

US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 US Dept of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

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